

# Committee for Political Action (PAC) Registration Form

FILED

NOV 03 1995

244  
State of Nevada

Dean Heller  
Secretary of State

Print or type the following information; complete both sides of this registration form:

**REGISTRATION:** (check one) ☒ New registration ☐ Amended registration (if amended list reason)

**REASON FOR AMENDMENT:** ☐ Change in officers ☐ Change resident agent  
☐ Other \_\_\_\_\_

**NAME OF COMMITTEE:**

Alliance for Children's Educational Excellence

**Mailing Address:**

P.O. Box 62009

Boulder City, NV 89006-2009 (702) 269-7103  
City State Zip Telephone

**PURPOSE:** (Briefly state the purpose for which the political action committee was organized.)

The Alliance for Children's Educational Excellence was formed to actively  
promote educational issues and reform initiatives.

**RESIDENT AGENT:** (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

**Name of Resident Agent:** Lezlie Porter

**Mailing Address:** 7575 Shadow Lane

Sparks, NV 89434 (702) 626-2266  
City State Zip Telephone

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Lezlie Porter, hereby accept appointment as Resident Agent for the  
above named committee for political action.

Lezlie Porter  
Signature of Resident Agent

10-28-95  
Date

NOV 03 1995  
Secretary of State

722  
Inactive  
Returned  
Temporarily  
away 11/21/01.

**OFFICERS:**

(Please list the name, title and address of each officer.)

Lezlie Porter  
**Name**  
Resident Agent

**Title**

Ricci Elkins

**Name**

Northern Nevada Coordinator

**Title**

Maria Cardle

**Name**

Southern Nevada Coordinator

**Title**

Jeanne Simons

**Name**

Director

**Title**

Barbara Cegavske

**Name**

Director

**Title**

7575 Shadow Lane

**Address**

Sparks, NV 89434

**City/State/Zip**

2979 Lida Lane

**Address**

Sparks, NV 89434

**City/State/Zip**

P.O. Box 62009

**Address**

Boulder City, NV 89006-2009

**City/State/Zip**

601 Ivy St.

**Address**

Carson City, NV 89703

**City/State/Zip**

6465 Laredo St.

**Address**

Las Vegas, NV 89102

**City/State/Zip**

**AFFILIATION:** (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

**Name of Organization:****Address:**

Not Applicable

**Submitted By:**

Ricci Elkins

**Name of representative of group**

10-25-95

**Date**

Send Completed Form to:  
**SECRETARY OF STATE,  
CAPITOL COMPLEX  
CARSON CITY, NEVADA 89710**